

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	866	03-21-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	2/2
2	2/2
3	2/2
4	2/2
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Claim	Date
Final	
Original	
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Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here

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12.L.  
03/27/01